



## INSURANCE INFORMATION REQUEST

DATE	CLIENT ID
Toll-Free: 1-800-204-6429	TTY/TDD: 1-800-204-6430
WORKER	EXTENSION

### We need more information!

Thank you for applying for Washington's health programs. Your children, are not eligible for Medicaid but may be eligible for the Children's Health Insurance Program (CHIP). From the information you gave us, your income fits within CHIP guidelines.

To finish checking your children's eligibility for CHIP, we need more information from you. Your application will be denied if you do not answer all of the questions below and return this letter by:

Medical Insurance	
To be eligible for CHIP, your children cannot already have insurance that covers doctor, hospital, laboratory, and x-ray (radiology) services. If any of your children have insurance that covers <b>all four</b> services, please list the child's name and the insurance company's name below. <i>(don't list car insurance, Indian Health Services, or school insurance for sports or accidents at school)</i>	
CHILD'S NAME	INSURANCE COMPANY
Job-Related Medical Insurance	
If you have dropped job-related medical coverage in the last 4 months, you may have to wait 4 months to cover your children. The answers to the questions below will help us decide if you will have a waiting period. A waiting period is 4 full months that starts the day after the job related medical coverage ended. The waiting period ends on the last day of the 4th full month. Please answer the following questions:	
1. Did you drop job-related medical for any of your children within the last 4 months?	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. Did the medical insurance cover doctor, hospital, x-ray (radiology), and laboratory services?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Did the medical insurance cost less than \$50 per month for your family?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**Job-Related Medical Insurance (Continued)**

4. If you answered "YES" to all 3 questions (1, 2, and 3), please read the enclosed **blue flyer** and decide if any of the reasons listed in "a" through "h" tell why you dropped job-related medical coverage for your children. If there are reasons listed on the blue flyer that fit your case, write in any of the letters (a-h) here. \_\_\_\_\_
5. If you answered "YES" to all 3 questions (1, 2, and 3) but none of the reasons on the **blue flyer** fit in your case, please write in your children's names and the date the insurance coverage ended. Your children may have to wait 4 months for coverage from CHIP.

CHILD'S NAME	DATE INSURANCE COVERAGE ENDED

**Monthly Premiums**

To be eligible for CHIP, you must pay a monthly premium. Premiums are \$15 per child each month with a limit of \$45 a month for a family. If your children are found eligible for CHIP, you will begin to get monthly premium statements along with a return envelope for payment.

There are no premiums for American Indian or Alaska Native children. Please list any children you are applying for who are American Indian or Alaska Native.

AMERICAN INDIAN CHILD'S NAME	ALASKA NATIVE CHILD'S NAME

If you have questions, call: **1-800-204-6429**. We're here to help you. The TTY/TDD line is 1-800-204-6430 (only for people who have difficulties with hearing or speech; your telephone must be set up to use this line). You may also view our web site at <http://maa.dshs.wa.gov/CHIP/>